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APPLICANTS
 D. Neale BARRET, San Jose, CA;
 Jennifer Eaton, Morgan Hill, CA;
 Joy Nakamura, San Jose, CA;
 Deanna M. Shaw, San Jose, CA;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
33224

TITLE
METHOD, SYSTEM, AND PROGRAM FOR ELECTRONICALLY MAINTAINING MEDICAL INFORMATION BETWEEN PATIENTS AND PHYSICIANS

FILING FEE RECEIVED 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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